

## FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

Title of Invention	Method of Providing Secure Payment and Transaction Reconciliation																							
Application Number :																								
Date :																								
First Named Applicant:		Robert M. Allen																						
Attorney Docket Number:		1516.01																						
<b>TOTAL FEE AUTHORIZED \$ 385</b>																								
Patent fees are subject to annual revisions on or about October 1st of each year.																								
Filing as small entity																								
BASIC FILING FEE																								
<table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>385</td><td>385</td></tr><tr><td colspan="3"></td><td>Subtotal For Basic Filing Fees: \$ 385</td></tr></tbody></table>					Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	2001	385	385				Subtotal For Basic Filing Fees: \$ 385								
Fee Description	Fee Code	Amount \$	Fee Paid \$																					
Utility Filing Fee	2001	385	385																					
			Subtotal For Basic Filing Fees: \$ 385																					
EXTRA CLAIM FEES																								
<table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 17</td><td>0</td><td>2202</td><td>9</td><td>0</td></tr><tr><td>Independent Claims : 2</td><td>0</td><td>2201</td><td>43</td><td>0</td></tr><tr><td colspan="3"></td><td colspan="2">Subtotal For Extra Claims Fees: \$ 0</td></tr></tbody></table>					Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 17	0	2202	9	0	Independent Claims : 2	0	2201	43	0				Subtotal For Extra Claims Fees: \$ 0	
Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$																				
Total Claims : 17	0	2202	9	0																				
Independent Claims : 2	0	2201	43	0																				
			Subtotal For Extra Claims Fees: \$ 0																					
<b>AUTHORIZED BILLING INFORMATION</b>																								
<b>The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b>																								
Credit account number:		3008																						
Expiration Date (YYYYMMDD):		2004-05-31																						
Authorized name:		Anton J. Hopen																						
Billing address:		33760																						